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**APPLICANTS**

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**\*\* CONTINUING DATA** *RBN* *None*

**\*\* FOREIGN APPLICATIONS** *RBN* *None*

**IF REQUIRED, FOREIGN FILING LICENSE GRANTED**  
**\*\* 11/03/2004**

Foreign Priority claimed 35 USC 119 (a-d) conditions met Verified and Acknowledged	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance <i>RBN</i> Examiner's Signature Initials	STATE OR COUNTRY MI	SHEETS DRAWING 4	TOTAL CLAIMS 20	INDEPENDENT CLAIMS 3
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 36014  
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**TITLE**  
 CENTER OCCUPANT ARMREST ACTUATED HEAD RESTRAINT

FILING FEE  RECEIVED 770	<b>FEES:</b> Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue )
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